

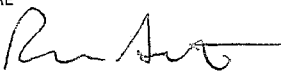
Please type. Do not complete by hand.

PAID Amount 200<sup>00</sup> Date 10-9-13  
Check # 5119278 Date 10-1-13

CO  
OH0002666

FORM <b>1</b>	<b>EPA</b>	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting)	I. EPA I.D. NUMBER <b>21N00004.HD</b>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.  <div style="text-align: center; font-size: 2em; font-family: cursive;">MAJOR</div> <div style="text-align: center; font-weight: bold;">OCT 1 2013</div>	
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .			
SPECIFIC QUESTIONS		MARK 'X' YES NO FORM ATTACHED	SPECIFIC QUESTIONS MARK 'X' YES NO FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge</b> to waters of the U.S.? (FORM 2A)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge</b> to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in <b>discharges</b> to <b>waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge</b> to <b>waters of the U.S.</b> ? (FORM 2D)
E. Is this a facility which does not discharge process <b>wastewater</b> ? (FORM 2E)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)
G. Do you generate <b>sewage sludge</b> that is ultimately regulated by Part 503? Do you generate <b>sewage sludge</b> that is sent to another <b>facility</b> for treatment or blending? Do you process or derive material from <b>sewage sludge</b> that is disposed in a manner subject to Part 503? (FORM 2S)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
III. NAME OF FACILITY			
General Motors Powertrain Defiance Plant			
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, title)		B. PHONE (area code & no.)	
Fogle, Benjamin Senior Environmental Engineer		(419) 782 - 7172	
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
26427 State Route 281 East		P.O. Box 70	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
Defiance		Ohio	43512
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
26427 State Route 281 East			
B. COUNTY NAME			
Defiance			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
Defiance		Ohio	43512
			F. COUNTY CODE (if known)
			20

CONTINUED FROM THE FRONT

<b>VII. SIC CODES</b> (4-digit, in order of priority)			
<b>A. FIRST</b>		<b>B. SECOND</b>	
(specify)	3321	(specify)	3365
<b>C. THIRD</b>		<b>D. FOURTH</b>	
(specify)		(specify)	
<b>VIII. OPERATOR INFORMATION</b>			
<b>A. NAME</b>			<b>B. Is the name listed in Item VIII-A also the owner?</b>
General Motors LLC.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. STATUS OF OPERATOR</b> (Enter the appropriate letter into the answer box; if "Other", specify.)			<b>D. PHONE</b> (area code & no.)
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P	(419) 784 - 7410
<b>E. STREET OR P.O. BOX</b>			
300 Renaissance Center			
<b>F. CITY OR TOWN</b>	<b>G. STATE</b>	<b>H. ZIP CODE</b>	<b>IX. INDIAN LAND</b>
Detroit	Michigan	48265	Is this facility located on Indian lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>X. EXISTING ENVIRONMENTAL PERMITS</b>			
<b>A. NPDES</b> (Discharges to surface water)		<b>D. PSD</b> (Air emissions from proposed sources)	
2IN00004*HD		03-20-01-0001	
<b>B. UIC</b> (Underground injection of fluids)		<b>E. OTHER</b> (specify)	
NA		Landfill License (specify) Solid Waste Facility License Class III (CID 12895)	
<b>C. RCRA</b> (Hazardous waste)		<b>F. OTHER</b> (specify)	
OHD005050273		(specify)	
<b>XI. MAP</b>			
Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.			
<b>XII. NATURE OF BUSINESS</b> (provide a brief description)			
Production facility for the manufacture of aluminum, grey and nodular iron castings for the automotive industry and industrial users.			
<b>XIII. CERTIFICATION</b> (see instructions)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
<b>A. NAME &amp; OFFICIAL TITLE</b> (type or print)		<b>B. SIGNATURE</b>	<b>C. DATE SIGNED</b>
Richard Sutton Plant Manager			4/26/13
<b>COMMENTS FOR OFFICIAL USE ONLY</b>			

EPA I.D. NUMBER (copy from Item 1 of Form 1)

2IN00004.HD

Form Approved.

OMB No. 2040-0086.

Approval expires 3-31-98.

RECEIVED

MAY 01 2000

OHIO EPA

Please print or type in the unshaded areas only.

FORM  
2C  
NPDESU.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS  
Consolidated Permits Program

## I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	41.00	17.00	18.00	84.00	19.00	1.00	Maumee River
002	41.00	17.00	39.00	84.00	18.00	58.00	Maumee River

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Cupola Cooling Water	4 MGD		1G	
	Cupola Emissions System	6 MGD		1R	
	Slurry System	1 MGD		1U	
	Emission Control Collection	1 MGD		2A	
	Core Machine Cooling			2C	
	A/C Condensate			2J	
	Evaporative Cooler			5R	
	Make-Up Air Units			4A	
	Stormwater			5Q	
	Core Box Cleaning				
	Dredging Operations				
	Maint. Parts Cleaning Steam Booth				
	Plant 1 Core Dip				
	Cold Box Tool Cleaning				
	Core Container Cleaning				
	Floor Washdowns				
	Landfill Leachate & Pumping Station				
	Tool Cleaning Tanks				
	Core Box Cleaning				
	Aluminum Block Washing				
	Aluminum Core Box Cleaning				
	Iron Block Washing				

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER <i>(list)</i>	2. OPERATION(s) CONTRIBUTING FLOW <i>(list)</i>	3. FREQUENCY		4. FLOW					
		a. DAYS PER WEEK <i>(specify average)</i>	b. MONTHS PER YEAR <i>(specify average)</i>	a. FLOW RATE <i>(in mgd)</i>		B. TOTAL VOLUME <i>(specify with units)</i>		C. DURATION <i>(in days)</i>	
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		

## III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☒ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
600	Tons	Plant 1 production for grey iron casting for automotive and industrial uses. These process could include: casting cleaning, casting quench, dust collection scrubbers, melting furnace scrubbers	Outfall 001, and emergency by-pass Outfall 002.
400	Tons	Plant 2 production of both grey iron and aluminum castings for automotive and industrial uses. These process could include: casting cleaning, casting quench, dust collection scrubbers, melting furnace scrubbers	Outfall 001, and emergency by-pass Outfall 002

## IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

2IN00004.HD      Outfall 001

## V. INTAKE AND EFFLUENT CHARACTERISTICS

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A	N/A	N/A	N/A

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

The General Motors Defiance facility treats the wastewater holding basins for algae using Biosphere 280. When the facility treats the holding ponds it will not discharge water for 10 days to ensure that the algicide is not released to the receiving waters. This algicide has OEPA approval for use. If the facility would need to discharge both acute and chronic toxicity testing would occur. The last sampling event for toxicity testing occurred in March of 2012 and this was a split sample event done with Ohio EPA NWDO. The results of the testing were negative.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section LX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Global Environmental Consulting LLC.	223 West Michigan Ave. Clinton, MI 49236	517-456-6881	Acute and Chronic Toxicity

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Plant

Richard Sutton manager

B. PHONE NO. (area code & no.)

419-784-7410

C. SIGNATURE



D. DATE SIGNED

4/26/13

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
21N00004.HD

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)		OUTFALL NO. 001
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PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Biochemical Oxygen Demand (BOD)	61	334.34					1	mg/L	kg/d			
b. Chemical Oxygen Demand (COD)	62	339.82					1	mg/L	kg/d			
c. Total Organic Carbon (TOC)	46	252.16					1	mg/L	kg/d			
d. Total Suspended Solids (TSS)	19	85.69			2.71	22.81	107	mg/L	kg/d			
e. Ammonia (as N)	28	187.33			8.8	52.22	116	mg/L	kg/d			
f. Flow	VALUE 3.04		VALUE		VALUE 1.57		113	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.78	MAXIMUM 8.6	MINIMUM	MAXIMUM			113	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS			5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual	X		0.078	0.049			0.024	0.14	15	mg/l	kg/d			
c. Color	X		31						1	color un				
d. Fecal Coliform	X		8						1	#/100ml				
e. Fluoride (16984-48-8)	X		28	167.22			20.4	111.81	12	mg/L	kg/d			
f. Nitrate-Nitrite (as N)	X		0.39	2.14					1	mg/L	kg/d			

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		0	0			0	0	1	mg/L	kg/d			
h. Oil and Grease	X		5	46.2			0.07	0.42	67	mg/L	kg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.14	0.77					1	mg/L	kg/d			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X		300	1644.3					1	mg/L	kg/d			
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X	ND	ND					1	mg/L	kg/d			
p. Barium, Total (7440-39-3)		X	ND	ND					1	mg/L	kg/d			
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
2IN00004.HD	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS		a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS		
METALS, CYANIDE, AND TOTAL PHENOLS																	
1M. Antimony, Total (7440-36-0)			X														
2M. Arsenic, Total (7440-38-2)			X														
3M. Beryllium, Total (7440-41-7)			X														
4M. Cadmium, Total (7440-43-9)			X														
5M. Chromium, Total (7440-47-3)			X														
6M. Copper, Total (7440-50-8)	X			ND	ND			ND	ND	68	mg/L	kg/d					
7M. Lead, Total (7439-92-1)	X			10.1	40.85			2.40	14.06	69	mg/L	kg/d					
8M. Mercury, Total (7439-97-6)			X														
9M. Nickel, Total (7440-02-0)			X														
10M. Selenium, Total (7782-49-2)			X														
11M. Silver, Total (7440-22-4)			X														
12M. Thallium, Total (7440-28-0)			X														
13M. Zinc, Total (7440-66-6)	X			0.522	0.72			0.136	0.82	75	mg/L	kg/d					
14M. Cyanide, Total (57-12-5)	X			ND	ND			ND	ND	14	mg/L	kg/d					
15M. Phenols, Total	X			ND	ND			ND	ND	75	mg/L	kg/d					
DIOXIN																	
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-6)			X	DESCRIBE RESULTS													

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
																(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - VOLATILE COMPOUNDS																	
1V. Acrolein (107-02-8)	X			ND	ND					1							
2V. Acrylonitrile (107-13-1)	X			ND	ND					1							
3V. Benzene (71-43-2)	X			ND	ND					1							
4V. Bis (Chloro- methyl) Ether (542-88-1)	X			ND	ND					1							
5V. Bromoform (75-25-2)	X			ND	ND					1							
6V. Carbon Tetrachloride (56-23-5)	X			ND	ND					1							
7V. Chlorobenzene (108-90-7)	X			ND	ND					1							
8V. Chlorodi- bromomethane (124-48-1)	X			ND	ND					1							
9V. Chloroethane (75-00-3)	X			ND	ND					1							
10V. 2-Chloro- ethylvinyl Ether (110-75-8)	X			ND	ND					1							
11V. Chloroform (67-66-3)	X			ND	ND					1							
12V. Dichloro- bromomethane (75-27-4)	X			ND	ND					1							
13V. Dichloro- difluoromethane (75-71-8)	X			ND	ND					1							
14V. 1,1-Dichloro- ethane (75-34-3)	X			ND	ND					1							
15V. 1,2-Dichloro- ethane (107-06-2)	X			ND	ND					1							
16V. 1,1-Dichloro- ethylene (75-35-4)	X			ND	ND					1							
17V. 1,2-Dichloro- propane (78-87-6)	X			ND	ND					1							
18V. 1,3-Dichloro- propylene (542-75-6)	X			ND	ND					1							
19V. Ethylbenzene (100-41-4)	X			ND	ND					1							
20V. Methyl Bromide (74-83-9)	X			ND	ND					1							
21V. Methyl Chloride (74-87-3)	X			ND	ND					1							

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVR. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)	X			ND	ND					1					
23V. 1,1,2,2-Tetrachloroethane (78-34-5)	X			ND	ND					1					
24V. Tetrachloroethylene (127-18-4)	X			ND	ND					1					
25V. Toluene (108-88-3)	X			ND	ND					1					
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			ND	ND					1					
27V. 1,1,1-Trichloroethane (71-55-6)	X			ND	ND					1					
28V. 1,1,2-Trichloroethane (79-00-5)	X			ND	ND					1					
29V. Trichloroethylene (79-01-6)	X			ND	ND					1					
30V. Trichlorofluoromethane (75-69-4)	X			ND	ND					1					
31V. Vinyl Chloride (75-01-4)	X			ND	ND					1					
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			ND	ND					1					
2A. 2,4-Dichlorophenol (120-83-2)	X			ND	ND					1					
3A. 2,4-Dimethylphenol (105-67-9)	X			ND	ND					1					
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			ND	ND					1					
5A. 2,4-Dinitrophenol (51-28-5)	X			ND	ND					1					
6A. 2-Nitrophenol (88-75-5)	X			ND	ND					1					
7A. 4-Nitrophenol (100-02-7)	X			ND	ND					1					
8A. P-Chloro-M-Cresol (59-50-7)	X			ND	ND					1					
9A. Pentachlorophenol (87-86-5)	X			ND	ND					1					
10A. Phenol (108-95-2)	X			ND	ND					1					
11A. 2,4,6-Trichlorophenol (88-05-2)	X			ND	ND					1					

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS			5. INTAKE (optional)			
1. POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)	X			ND	ND					1						
2B. Acenaphthylene (208-96-8)	X			ND	ND					1						
3B. Anthracene (120-12-7)	X			ND	ND					1						
4B. Benzidine (92-87-5)	X			ND	ND					1						
5B. Benzo (a) Anthracene (56-55-3)	X			ND	ND					1						
6B. Benzo (a) Pyrene (50-32-8)	X			ND	ND					1						
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			ND	ND					1						
8B. Benzo (ghi) Perylene (191-24-2)	X			ND	ND					1						
9B. Benzo (h) Fluoranthene (207-08-9)	X			ND	ND					1						
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)	X			ND	ND					1						
11B. Bis (2-Chloro-ethoxy) Ether (111-44-4)	X			ND	ND					1						
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)	X			ND	ND					1						
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)	X			ND	ND					1						
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X			ND	ND					1						
15B. Butyl Benzyl Phthalate (65-66-7)	X			ND	ND					1						
16B. 2-Chloro-naphthalene (91-58-7)	X			ND	ND					1						
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X			ND	ND					1						
18B. Chrysene (218-01-9)	X			ND	ND					1						
19B. Dibenzo (a,h) Anthracene (53-70-3)	X			ND	ND					1						
20B. 1,2-Dichloro-benzene (95-50-1)	X			ND	ND					1						
21B. 1,3-Di-chloro-benzene (541-73-1)	X			ND	ND					1						

CONTINUED FROM PAGE V-6

CONTINUED FROM PAGE 1-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																	
22B. 1,4-Dichlorobenzene (106-46-7)	X			ND	ND					1							
23B. 3,3-Dichlorobenzidine (91-94-1)	X			ND	ND					1							
24B. Diethyl Phthalate (84-66-2)	X			20	109.62					1	ug/L	kg/d					
25B. Dimethyl Phthalate (131-11-3)	X			ND	ND					1							
26B. Di-N-Butyl Phthalate (84-74-2)	X			ND	ND					1							
27B. 2,4-Dinitrotoluene (121-14-2)	X			ND	ND					1							
28B. 2,6-Dinitrotoluene (806-20-2)	X			ND	ND					1							
29B. Di-N-Octyl Phthalate (117-84-0)	X			ND	ND					1							
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X			ND	ND					1							
31B. Fluoranthene (206-44-0)	X			ND	ND					1							
32B. Fluorene (86-73-7)	X			ND	ND					1							
33B. Hexachlorobenzene (118-74-1)	X			ND	ND					1							
34B. Hexachlorobutadiene (87-68-3)	X			ND	ND					1							
35B. Hexachlorocyclopentadiene (77-47-4)	X			ND	ND					1							
36B. Hexachloroethane (67-72-1)	X			ND	ND					1							
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			ND	ND					1							
38B. Isophorone (78-59-1)	X			ND	ND					1							
39B. Naphthalene (91-20-3)	X			ND	ND					1							
40B. Nitrobenzene (98-95-3)	X			ND	ND					1							
41B. N-Nitrosodimethylamine (62-75-9)	X			ND	ND					1							
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			ND	ND					1							

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-5)	X			ND	ND					1					
44B. Phenanthrene (85-01-8)	X			ND	ND					1					
45B. Pyrene (129-00-0)	X			ND	ND					1					
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			ND	ND					1					
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (55-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Endosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER <i>(copy from Item 1 of Form 1)</i>	OUTFALL NUMBER
2IN00004.HD	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – PESTICIDES (continued)																	
17P. Heptachlor Epoxide (1024-57-3)																	
18P. PCB-1242 (53469-21-9)																	
19P. PCB-1254 (11097-69-1)																	
20P. PCB-1221 (11104-28-2)																	
21P. PCB-1232 (11141-16-5)																	
22P. PCB-1248 (12672-29-6)																	
23P. PCB-1260 (11096-82-5)																	
24P. PCB-1016 (12674-11-2)																	
25P. Toxaphene (8001-35-2)																	

EPA I.D. NUMBER (copy from Item 1 of Form 1)

2IN00004.HD

Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM  
2C  
NPDESU.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS  
Consolidated Permits Program

## I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
002-Emergency	41.00	17.00	39.00	84.00	18.00	58.00	Maumee River

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
002-Emergency ByPass	Cupola Cooling Water	4 MGD		1G	
	Cupola Emissions System	6 MGD		1R	
	Slurry System	1 MGD		1U	
	Emission Control Collection	1 MGD		2A	
	Core Machine Cooling			2C	
	A/C Condensate			2J	
	Evaporative Cooler			5R	
	Make-Up Air Units			4A	
	Stormwater			5Q	
	Core Box Cleaning				
	Dredging Operations				
	maint. Parts Cleaning Steam Booth				
	Plant 1 Core Dip				
	Cold Box Tool Cleaning				
	Core Container Cleaning				
	Floor Washdowns				
	landfill Leachate & Pumping Station				
	Tool Cleaning Tanks				
	Core Box Cleaning				
	Aluminum Block Washing				
	Iron Block Washing				
	Aluminum Core Box Cleaning				

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
002-Emergency-ByPass	This outfall is the emergency by-pass for the waste water treatment plant. This outfall is only used when excess water is captured at the plant due to high rainfall.							

<b>III. PRODUCTION</b>	
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input checked="" type="checkbox"/> YES (complete Item III-B) <input type="checkbox"/> NO (go to Section IV)	
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)	
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.	
1. AVERAGE DAILY PRODUCTION	
a. QUANTITY PER DAY	b. UNITS OF MEASURE
600	Tons per day
400	Tons per day
c. OPERATION, PRODUCT, MATERIAL, ETC. (specify) Plant 1 production for grey iron casting for automotive and industrial uses. These process could include: casting cleaning, casting quench, dust collection scrubbers, melting furnace scrubbers.  Plant 2 production of both grey iron and aluminum castings for automotive and industrial uses. These process could include: casting cleaning, casting quench, dust collection scrubbers, melting furnace scrubbers	
2. AFFECTED OUTFALLS (list outfall numbers)	
Outfall 002	
Outfall 002	

<b>IV. IMPROVEMENTS</b>					
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)					
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED	
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CONTINUED FROM PAGE 2

## V. INTAKE AND EFFLUENT CHARACTERISTICS

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT		2. SOURCE	
N/A	N/A	N/A	N/A

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below )

☒ NO (go to Item VI-B)

## VII. BIOLOGICAL TOXICITY TESTING DATA

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

## VIII. CONTRACT ANALYSIS INFORMATION

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

## IX. CERTIFICATION

A. NAME & OFFICIAL TITLE (type or print)

Richard Sutton manager

B. PHONE NO. (area code &amp; no.)

419-784-7410

C. SIGNATURE

C. SIGNATURE 

D. DATE SIGNED

4/26/13

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
2IN00004.HD

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)		OUTFALL NO. 002 Emergency Bypass
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PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1)		(1)		(1)					(1)		
	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	NA											
b. Chemical Oxygen Demand (COD)	NA											
c. Total Organic Carbon (TOC)	NA											
d. Total Suspended Solids (TSS)	NA											
e. Ammonia (as N)	4.82						11	ug/L				
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.76	MAXIMUM 7.48	MINIMUM	MAXIMUM			11	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1)		(1)		(1)					(1)		
			CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
a. Bromide (24959-57-9)														
b. Chlorine, Total Residual														
c. Color														
d. Fecal Coliform														
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (as N)														

Please print or type in the unshaded areas only.

U.S. Environmental Protection Agency  
Washington, DC 20460

**Application for Permit to Discharge Storm Water  
Discharges Associated with Industrial Activity**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

[illegible]

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

[illegible]

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

#### IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	88 Acres	1075	004	1.5 Acres On-Site	29 cres on site, several acres off site
002	88 Acres	1075 Acres	005	0 Acres	27 Acres

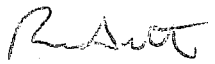
B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001 002 004 005	For outfall 001 the facility use several structural methods to minimize the pollution in the storm water. Outfall 001 is the discharge from the waste water treatment plant. The facility employs several non-structural controls to minimize the potential release of materials into the stormwater. These would include the implementation of a stormwater pollution prevention plan, spill prevention control plans, visual inspections of the outfalls and holding basins.	1G, 1U, 2C, 4A, 5E

#### V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print) Richard Sutton Plant Manager	Signature 	Date Signed 9/26/13
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B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

#### VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

There have been no significant leaks or spill in the last three years at the Defiance Facility.

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

48 Hour Ceriodaphnia dubia at outfall 001 and the mixing zone in the Maumee River

96 Hour Fathead minnow test at outfall 001 and the mixing zone in the Maumee River.

This testing was a split sample with the Ohio EPA NWDO and was conducted in March of 2012.

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Global Environmental Consulting	223 West Michigan Avenue Clinton MI, 49236	517-456-6881	Acute and Chronic Toxicity

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)

Richard Sutton - Plant Manager

B. Area Code and Phone No.

419-784-7410

C. Signature



D. Date Signed

4/26/13

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

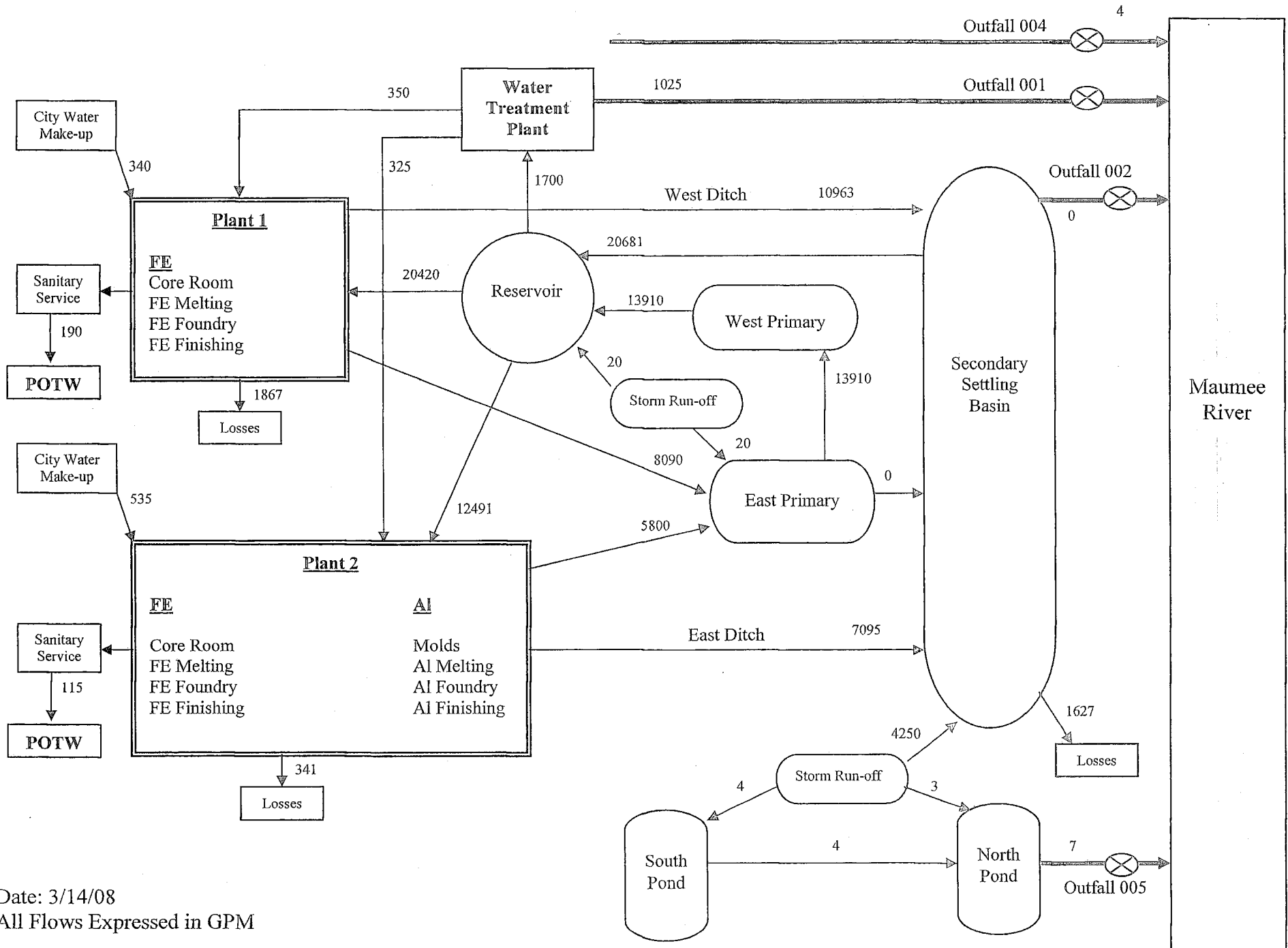
	Maximum Values (include units)	Average Values (include units)	Number
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Pollutant and CAS Number (if available)	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	ND	N/A			4.00	
Biological Oxygen Demand (BOD5)	2.00 mg/l	1.29 kg/d	1.26 mg/l	0.23 kg/d	4.00	
Chemical Oxygen Demand (COD)	56 mg/l	2.12 kg/d	33.76 mg/l	6.25 kg/d	4.00	
Total Suspended Solids (TSS)	49 mg/l	1.85 kg/l	33.25 mg/l	6.16 kg/d	4.00	
Total Nitrogen	ND				1.00	
Total Phosphorus	ND				1.00	
pH	Minimum 7.91	Maximum 8.50	Minimum	Maximum	4.00	

	Maximum Values (include units)	Average Values (include units)	Number
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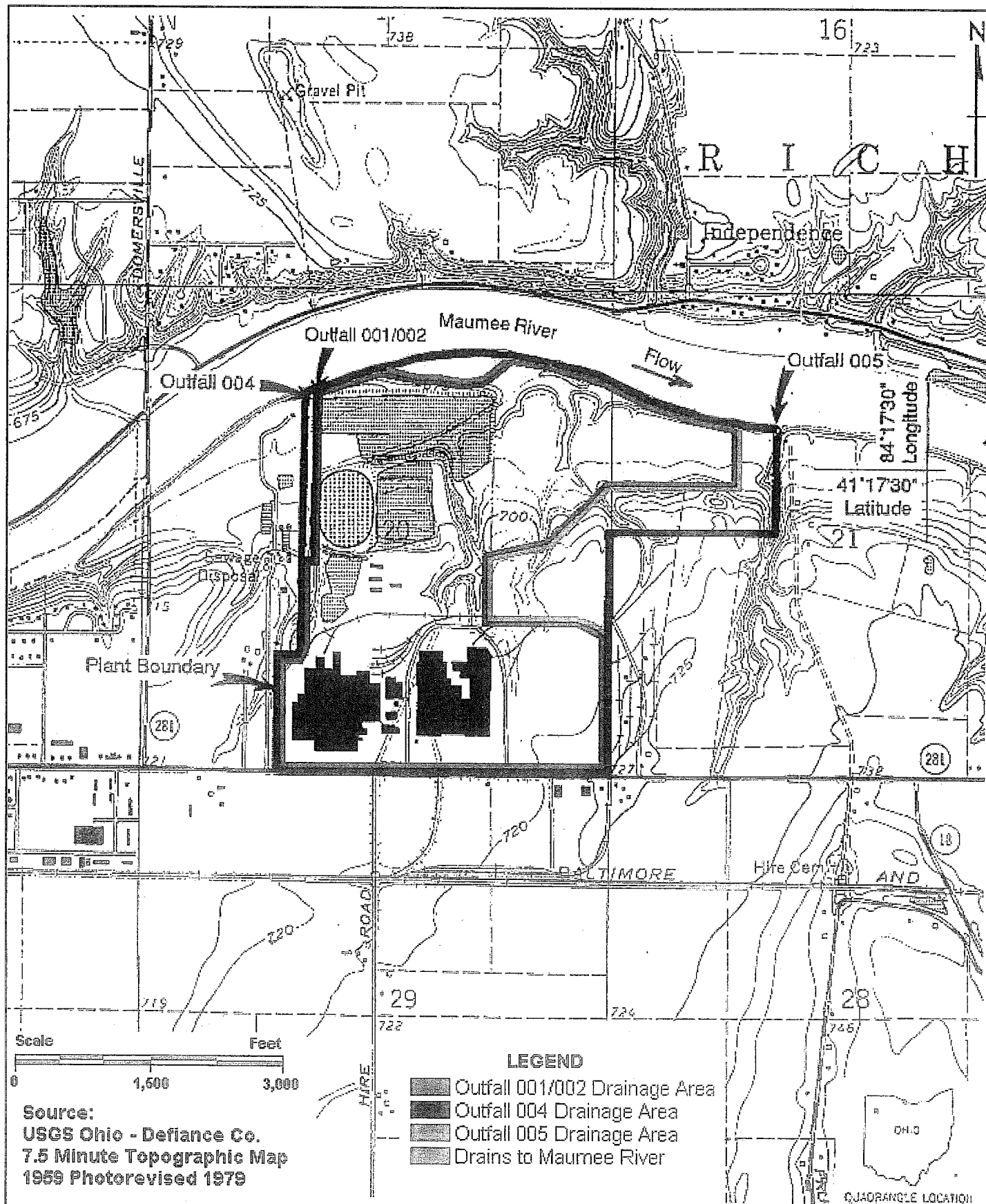
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# GMPT Defiance Water Balance



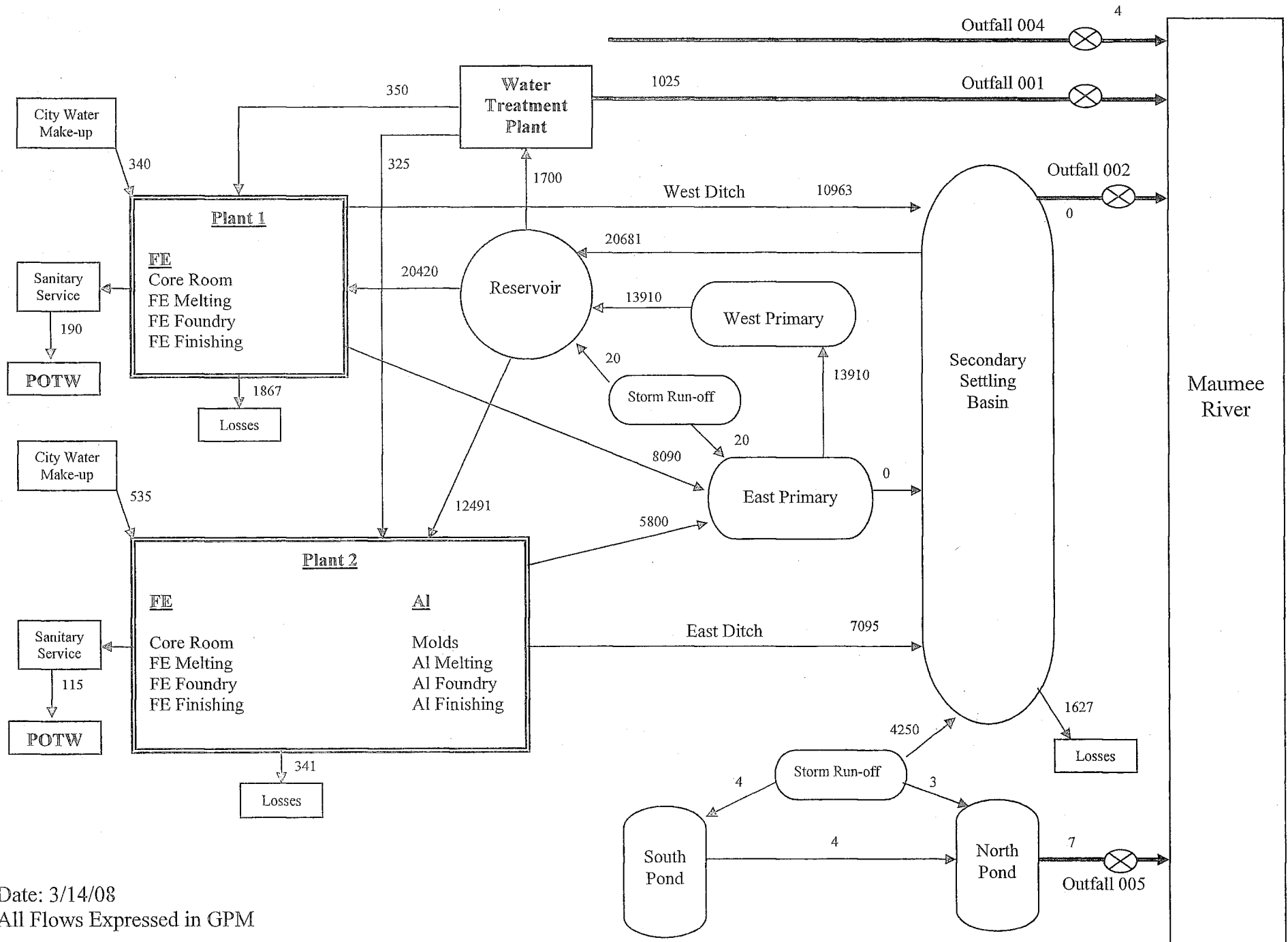
Date: 3/14/08

All Flows Expressed in GPM



			PROJECT NO.: 3598-64	General Motors Corporation Defiance, Ohio Topographic Map and Drainage Area
DWN BY: MP	CHK'D BY: SA	SCALE	FIGURE NO.:	
APPR BY:	DATE 07/29/98	FILE NAME Figure 1.ppt	Figure 1	

# GMPT Defiance Water Balance



Date: 3/14/08

All Flows Expressed in GPM



State of Ohio Environmental Protection Agency

DIVISION OF SURFACE WATER

Page 1

Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI) or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.

A. Applicant: General Motors Powertrain, Defiance, Ohio  
Facility Owner: General Motors LLC.  
Facility Location (city and county): Defiance and Defiance  
Application or Plans Prepared By: Benjamin E. Fogle  
Project Name: NPDES Permit Renewal  
NPDES Permit Number (if applicable): 2IN00004

B. Antidegradation Applicability

Is the application for? (check as many as apply):

- ☐ Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)
- ☒ Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).
- ☐ PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)
- ☐ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES): (Complete Sections C and E)
- ▶ addition of any pollutant not currently in the discharge, or
  - ▶ an increase in mass or concentration of any pollutant currently in the discharge, or
  - ▶ an increase in any current pollutant limitation in terms of mass or concentration.

\_\_\_\_ PTI that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. Please provide information requested on the stream evaluation addendum (i.e., number of stream crossings, fill placement, etc.) and complete Section E.

\_\_\_\_ Initial NPDES permit for an existing treatment works with a wastewater discharge prior to October 1, 1996. (Complete Sections D and E)

\_\_\_\_ Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following: (Complete Sections C and E)

- a new permit limitation for a pollutant that previously had no limitation, or
- an increase in any mass or concentration limitation of any pollutant that currently has a limitation.

### C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

\_\_\_\_ Yes (Complete Question C.2)

X No (Complete Questions C.3 and C.4)

2. For projects that would be eligible for exclusions provide the following information:

- a. Provide justification for the exclusion.
- b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- c. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule?

X No

\_\_\_\_ Yes

If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4 may be required to complete the application.

4. For all projects that do not qualify for an exclusion a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

- a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for

sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

- b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.
- c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

Preferred design alternative:

Non-degradation alternative(s):

Minimal degradation alternative(s):

Mitigative technique/measure(s):

At a minimum, the following information must be included in the report for each alternative evaluated.

- d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.
- e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.
- g. Describe any impacts to human health and the overall quality and value of the water resource.
- h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.
- i. Describe environmental benefits to be realized through this proposed project.
- j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

- k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.
- l. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.
- m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information

- 1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:

PTI Number \_\_\_\_\_  
PTI Issuance Date \_\_\_\_\_  
Initial Date of Discharge \_\_\_\_\_

- 2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

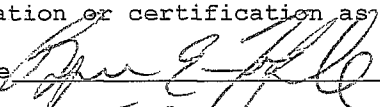
  X   Yes (go to E)  
       No (see below)

If no, submit the information as applicable under a OR b as follows:

- a. For entities discharging process wastewater attach a completed 2C form.
- b. For entities discharging wastewater of domestic origin attach the results of at least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

- E. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete.

This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 CFR 122.22.

Signature   
Date 5-1-93